



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

COMMERCE BUILDING
8 Fourth Street E., Suite 200
Saint Paul, Minnesota 55101-1024

Telephone: 651-266-9090
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

**BUILDING TRADES
BUSINESS LICENSE APPLICATION**
(For New Applicants Only)

Mail Application To Above Address.

Please fill out this form completely and clearly Please print or type. **Make checks payable to: City of St. Paul**

Office Copy -

Your License will be your Receipt

Business Name					Phone Number					
Business Address										
City			State			Zip				
MINNESOTA TAX IDENTIFICATION NUMBER:										
FAX NUMBER: _____										
(If a Minnesota tax identification number is not required for the business being operated, indicate by placing an A X A in the box.) <div style="border:1px solid black; width:40px; height:25px; float:right"></div>										
Applicant's Last Name		First		Position (Officer, Partner, etc.)				Social Security #		
Trade Licenses (\$120.00 Each)		X		Master Holder=s Name				Competency Number		
CEMENT FINISHING										
CONCRETE MASONRY										
CONCRETE MASONRY & FINISH CEMENT										
GAS BURNER A										
OTHER FUELS										
OIL BURNER A										
PLASTERING										
PLUMBING / GAS FITTING										
REFRIGERATION A										
STEAM FITTING A										
WARM AIR										
VENTILATION										
BILLBOARD & SIGN LICENSE FEE		\$ 120.00								
WRECKING LICENSE FEE		\$ 50.00								
ELEVATOR OPERATOR		\$ 2.00 NEW \$ 1.00 RENEW								
Payment may be made by Credit Card. Please complete the following Information. Circle the Card Type.										
ENTER YOUR ACCOUNT NUMBER IN THE BOXES:					Master Card		Expiration Date:			
					Visa		Month /Year			
									Month	Year
Date			Name of Applicant				Signature of Applicant (Required for all charges)			

TRADE LICENSE REQUIREMENTS

- \$120.00 annual fee for each trade license.
- Master Certificate of Competency card issued by the City of Saint Paul for the same year as the license.
EXCEPTION: RECIPROCAL Warm Air and /or Ventilation License require proof of a Master's card issued by the City of Minneapolis valid for the current renewal year.
- \$25,000 State Mechanical Bond - Any questions, call MN Dept Of Labor & Industry 651-284-5068.
- **Insurance Requirements:**
 - Worker's Compensation Insurance information is now REQUIRED. (See Below)
 - Current Certificate of Insurance for Bodily Injury and Property Damage combined of \$500,000.00.
 - Saint Paul City Ordinance 8.02 requires 30 days written notice of cancellation on all insurance.
 - Minnesota Business Tax ID must be on file with our department. (Call 651-296-6181 for tax ID#)
- **PLUMBERS LICENSE ONLY:** Both \$25,000 Plumbing Bond and \$25,000 Mechanical Bond is required. Call MN Dept of Labor & Industry for bonds: Plumbing Bond 651-284-5888: Mechanical Bond 651-284-5068. If your insurance is included on Bond, no separate certificate of insurance is required.
- **Wrecking License Requirements**
 - \$50.00 Annual Fee
 - \$10,000.00 Surety Bond obtained from a licensed Minnesota agency.
 - Minnesota Business Tax Identification
 - Workers Compensation
- **Sign Hangers License Requirements**
 - \$120.00 Annual Fee.
 - \$8000.00 bond with the Minnesota Department of Commerce 651-296-2488.
 - Minnesota Business Tax Identification
 - Workers Compensation
- **Elevator Operator License Requirements**
 - \$2.00 Original License Fee. \$1.00 Renewal Fee.

If you have any questions please contact our office at 651-266-9090.

Certification of Compliance with the Minnesota Worker's Compensation Law

According to MN Statutes 176.182, Licensing agencies are prohibited from issuing licenses without verification of workers' compensation coverage. A LICENSE APPLICATION CANNOT BE PROCESSED UNLESS THIS FORM IS COMPLETED, SIGNED, AND RETURNED (please print). Any questions on filling out this form should be directed to the State of Minnesota "Special Compensation Fund" 651-296-2117.

Name _____ Doing Business As _____
Last First Middle Full business name, if different than your name
Social Security No. _____ Federal Employer ID No. _____ State ID No. _____

Address _____
Street Address or Route Number City or Town Name State Name Zip Code
Business Telephone _____ Home Telephone _____

Type of Business _____
Description (for example: building construction; or logging; or manufacturing)

Workers' Compensation
Insurance Company Name _____ Policy No. _____
Full name of insurance company (NOT insurance agent) Full number from insurance policy
Dates of Coverage _____ through _____
Starting Date Ending Date

I certify that I am not required to carry workers' compensation insurance because: (Check One)

- ☐ I am a sole proprietor and I have no employees.
- ☐ I have no employees who are covered by worker's compensation law. (Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include: Spouse; Parents; Children, regardless of age; and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work activity is controllable by the employer must be covered.)

I understand that the information provided above will be verified by the Minnesota Department of Labor and industry. I understand that I am subject to a \$1,000 penalty, if the information is false. I certify that the information provided above is accurate and complete.

Signed by _____ Date _____

(No local licensing agency, general contractor, timber buyer or other person/organization acting as an intermediary to deliver this form to the Department of Labor and Industry shall be responsible for accuracy of the information provided by the person signing the form.)

THIS WORKERS' COMPENSATION FORM MUST BE COMPLETED & RETURNED BEFORE WE CAN ISSUE THE LICENSE